

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37381

State File No.

DEC 22 1941 399

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4176

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Leeds, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.C. M. J. B. Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
(Specify whether
In this community 32 years
years, months or days)

3. (a) PRINT FULL NAME Charles W. Brunsteter

3. (b) If veteran, name war. 3. (c) Social Security No. 196-03-0468

4. Sex male 5. Color of race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased 11 (Month) 19 (Day) 1884 (Year)

8. AGE: Years 56 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Boyle (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Furniture Finisher

11. Industry or business

12. Name Thomas Brunsteter

13. Birthplace Ohio (City, town, or county) (State or foreign country)

14. Maiden name Hellie Shields

15. Birthplace Minnesota (City, town, or county) (State or foreign country)

16. (a) Informant R.C. M. J. B. Hosp

(b) Address 75C Mo. - Leeds Station

17. (a) Removal (b) Date thereof 11-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth - Kans.

18. (a) Signature of funeral director Melody McGilley

(b) Address 11-11-41 (c) M. H. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 4726 Harrison
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8th
year 1941 hour 1:05 minute PM M.

21. I hereby certify that I attended the deceased from July 8 to Nov 8 - 1941
that I last saw him alive on Nov 8 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Ext. Bilateral Pulmonary Tuberculosis. cum

Due to 12 B

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Ch. W. Brunsteter (M. D. or other)
Address 4726 Harrison Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. 267
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2999

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.